



# Iowa Department of Human Services

Terry E. Branstad  
Governor

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Lt. Governor

Charles M. Palmer  
Director

## INFORMATIONAL LETTER NO.1104

**DATE:** March 5, 2012

**TO:** Iowa Medicaid Hospital, Physicians, Dentists, Podiatrists, Optometrists, Opticians, Pharmacy, Home Health Agency, Independent Lab, Ambulance, Medical Supply Dealers, Clinics, Rural Health Clinics, Chiropractors, Audiologists, Skilled Nursing Facilities, Rehab Agency, Intermediate Care Facilities, Community Mental Health Center, Mental Hospitals, Community Based ICF/MR, Psychologists, Hearing Aid Dealers, Orthopedic Shoe Dealers, Ambulatory Surgical Center, Certified Registered Nurse Anesthetists, Hospice, Clinical Social Workers, Federal Qualified Health Centers, Nursing Facility-Mental ILL and Advance Registered Nurse Practitioner Providers

**ISSUED BY:** Iowa Department of Human Services, Iowa Medicaid Enterprise (IME)

**RE:** Medicare Crossover Form Requirement

**EFFECTIVE:** Immediately

Effective September 1, 2011, all providers enrolled with the Iowa Medicaid Enterprise (IME) were required to use the IME Medicare Crossover Claim Forms and attach a copy of the Medicare Explanation of Benefits (EOMB) when it is necessary to send a paper crossover to the IME. Please refer to Informational Letter 1032 for more information on that requirement at [http://www.ime.state.ia.us/docs/1032\\_Medicare\\_Crossover\\_Form\\_Requirement.pdf](http://www.ime.state.ia.us/docs/1032_Medicare_Crossover_Form_Requirement.pdf).

Shortly after implementation, the forms were updated. Providers need to transition to the current version of these forms. **Effective April 1, 2012, only the current version of the IME Medicare Crossover Claim Forms will be accepted.** The forms are posted on the IME website at <http://www.ime.state.ia.us/Providers/claims.html> in the box labeled "Crossover Claims" and both have a revision date listed in the lower left corner of "0911." Forms bearing any other revision dates (e.g. "0609") should be recycled.

For ease of use, the templates can be saved to a provider's own computer system. The form must be filled out using the PDF template, printed on white paper with black ink and mailed to the IME for processing. Any forms not bearing the "0911" revision date and/or forms not completed fully and correctly will be returned to the provider unprocessed.

The IME appreciates your continued partnership as we work to improve the claim processing service quality and accuracy. If you have any questions please contact the IME Provider Services Unit at 1-800-338-7909, locally in Des Moines at 515-256-4609 or email at [imeproviderservices@dhs.state.ia.us](mailto:imeproviderservices@dhs.state.ia.us).